



Practitioner's Docket No. 1012.189

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Kolosov et al.

For (title): MECHANICAL RESONATOR

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

14 Page(s) of Specification
5 Page(s) of Claims
1 Sheet(s) of Drawing(s)--Formal (Figs. 1-2)

- B. Other Papers Enclosed

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

(Express Mail label number is *mandatory*.)

(Express Mail certification is *optional*.)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date March 19, 2004 in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EV994649953US

Roni L. Masqueuer

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Date: 03-19-04

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Signature of person certifying

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2 Page(s) of declaration and power of attorney - unexecuted
 1 Page(s) of abstract
 3 Page(s) of Application Data Sheet (ADS)
 6 Page(s) of Assignment

3. Declaration or Oath

Enclosed and unexecuted.

4. Language

English

5. Assignment

Enclosed and executed

6. Fee Calculation (37 C.F.R. § 1.16)

Regular Application

CLAIMS AS FILED											
Basic Fee 37 C.F.R. § 1.16(a) \$770.00											
Number Filed				Number Extra		Rate					
Total											
Claims (37 C.F.R § 1.16(c))		28	-	20	=	8	x	\$	18.00	=	\$ 144.00
Independent											
Claims (37 C.F.R § 1.16(b))		4	-	3	=		x	\$	86.00	=	\$ 86.00
Multiple Dependent											
Claim(s), if any (37 C.F.R § 1.16(d))								\$	280.00	\$	0.00

Filing Fee Calculation

\$1000.00

7. Fee Payment Being Made at This Time

Enclosed

Filing Fee

\$1000.00

Total Fees Enclosed

\$1000.00

8. Method of Payment of Fees

Authorization is hereby made to charge the amount of \$1000.00 to Deposit Account No. 50-0496

Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-0496.

A duplicate of this paper is attached.

9. Instructions as to Overpayment

Credit Account No. 50-0496.

10. Relate Back

A. 35 U.S.C. § 119(e)

"This application claims the benefit of U.S. Provisional Application Nos.:

APPLICATION NO.

FILING DATE

60/456,767

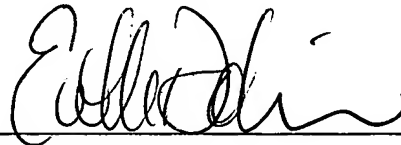
03/21/2003"

Language of prior filed provisional application

The above identified prior filed provisional application, namely application 60/456,767, filed 03/21/2003, whose benefit is being claimed was filed in the English language.

Date:

19 March 2004



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